Methods

A diagnosis of COPD was significantly associated with a two- to three-fold increased risk of CV mortality compared to people without COPD. Additionally, in patients with COPD there was a significantly increased risk of up to almost four-fold for hypertension (rate ratio [RR]: 0.95; 95% confidence interval 0.91–0.99 to 3.57; 3.41–3.74), up to six-fold for heart failure (RR: 1.46; 1.38–1.53 to 5.94; 5.50–6.42), up to five-fold for dysrhythmia (RR: 1.19; 0.98–1.43 to 4.74; 4.27–5.26), and up to two-fold for AMI (RR: 1.18; 0.81–1.71 to 1.89; 1.71–2.09). An increased risk was also observed for stroke (hazard ratio: 1.30; 1.18–1.43) and diabetes (risk ratio: 1.25; 1.16–1.34). No data on incident risk were identified for hypercholesterolaemia. A significantly increased risk in CV mortality compared to patients without COPD was demonstrated across all severity categories of mild, moderate and severe COPD; the risk increased further with increasing severity of COPD.

Conclusions

There is substantive evidence for an association between COPD and the incidence of specific cardio- and cerebrovascular acute events or diseases. To minimise the risk of poor outcomes, it is important to ensure that patients with comorbid COPD and CVD are diagnosed early and optimally managed at all levels of health-care settings. Please refer to page A190 for declarations of interest related to this abstract.
For patients who were initially frequent exacerbators, moderate eosinophilia was associated with a sustained high exacerbation frequency (p<0.05). High eosinophilia however was not associated with a sustained high exacerbation frequency (p=0.2178).

Of those patients with high eosinophilia (n=65), 42.19% were on a high inhaled corticosteroid dose compared to 8.70% of those with moderate eosinophilia (n=70), (p<0.0001).

**Conclusion** Our study shows that moderately raised eosinophil levels in COPD are associated with significantly increased long term exacerbation frequency trends.

Our data suggests that in clinical practice high eosinophil levels in COPD patients are more readily identified by clinicians, leading to escalation in ICS therapies to successfully manage exacerbation frequencies. The significance of moderate eosinophil levels is likely under recognised and these patients may also benefit from escalation in ICS therapies.

**METHODS**

**Introduction and Aims** Patient-reported data on care provided for people with chronic obstructive pulmonary disease (COPD) is patchy. This research aims to understand what care is being provided to this population, and how it affects people. This data will provide the basis of recommendations for service improvements.

**Methods** Between December 2020 – May 2021, the Asthma UK and British Lung Foundation ran an online survey of people with COPD. The survey received 8,232 responses. Using NICE’s Five fundamentals of COPD care, respondents were asked about the care they received for their condition, as well as their experiences of living with the condition. Respondents were judged to have received the five fundamentals of care if they gave a positive answer to the elements they were eligible for (based on their MRC breathlessness score and smoking status).

**Results** 24.5% of all respondents received all of the measures of care that they were entitled to. Considerable variation lies behind this overall figure, with rates of provision ranging from 28.5% in South West England, to 13.5% in Northern Ireland. 13.3% of respondents who told us they had more than 10 exacerbations in the past 12 months received these care measures, compared to 28.5% of people who between zero and two exacerbations in the previous year. Those who have lived with COPD for over ten years were more likely (36.0% received care measures) to receive these care measures than those who have been diagnosed in the past two years (10.6%).

**Conclusions** This research indicates a significant proportion of people with COPD are not receiving the five fundamentals of COPD care. There is also considerable variation in provision among the COPD population, and improving care provision needs to be made a priority in order to improve clinical outcomes and reduce exacerbations.

**REFERENCE**